

APPLICATION FOR CORRECTION OF MILITARY RECORD UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552 <i>(Please read instructions on reverse side BEFORE completing application.)</i>				<i>Form Approved OMB No. 0704-0003 Expires Mar 31, 1993</i>	
<small>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0003), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to the appropriate address shown on reverse.</small>					
Privacy Act Statement					
AUTHORITY: Title 10 US Code 1552, EO 9397.			ROUTINE USE(S): None.		
PRINCIPAL PURPOSE: To initiate an application for correction of a military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record.			DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.		
1. APPLICANT DATA					
a. BRANCH OF SERVICE (X one)		(1) ARMY	(2) NAVY	(3) AIR FORCE	(4) MARINE CORPS (5) COAST GUARD
b. NAME (Last, First, Middle Initial) (Please print)		c. PRESENT PAYGRADE		d. SERVICE NUMBER (If applicable) e. SOCIAL SECURITY NUMBER	
2. TYPE OF DISCHARGE (If by court-martial, state type of court.)		3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Retired, Reserve, etc.)		4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY	
5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD				6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (No expense to the Government) (X one) <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	
7. COUNSEL (If any)		b. ADDRESS (Street, City, State and Zip Code)			
a. NAME (Last, First, Middle Initial)					
8. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE:					
9. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS:					
10. IN SUPPORT OF THIS APPLICATION I SUBMIT AS EVIDENCE THE FOLLOWING: (If Veterans Administration records are pertinent to your case, give Regional Office location and Claim Number.)					
11. ALLEGED ERROR OR INJUSTICE DATA					
a. DATE OF DISCOVERY		b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THIS APPLICATION.			
12. APPLICANT MUST SIGN IN ITEM 16. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX. <input type="checkbox"/> a. SPOUSE <input type="checkbox"/> b. WIDOW <input type="checkbox"/> c. WIDOWER <input type="checkbox"/> d. NEXT OF KIN <input type="checkbox"/> e. LEGAL REP <input type="checkbox"/> f. OTHER (Specify)					
13. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than 5 years imprisonment or both.)					
14. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.)					DOCUMENT NUMBER (Do not write in this space.)
15. DATE SIGNED		16. SIGNATURE (Applicant must sign here.)			